HOME HEALTH PATIENT ENCOUNTER FORM

			82					1			
		(ג) סטטטווונ.						Τ	(4) Total Miles	illes	
	(2) S	(2) Service Date:									
		(3) Employee:									
VISITS AND VISIT TIME											_
S PATIENT NAME	(6) Supplies		2		(8) Travel	Start Time	Stop Time				
Colon Contract Contract	Issued		(/) Service Type		(9) Visit		Stop Time	(10) Willes	(11)	(11) Patient Signature	ature
					Travel						
					Visit						
					Travel						
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					Visit						
					Travel						
					Visit						
ALL OTHER TIME (Break, Inservice, Prep., Leave)	(Break, Inservi	ce, Prep., Le		t employ	Merit employees MUST have 8 hours.	ave 8 hours.					
(12) Start Time	(13) Stop Time	Time	(14) Service Type	Ш	(15) Miles	Start Time	ime	Stop Time	Servio	Service Type	Miles
(16) Employee Signature.											